

## Corrections Division Academies Application Form

WSCJTC Form 350 Revised 10/10

Return completed application form to:

Washington State Criminal Justice Training Commission 19010 First Ave South Burien, WA 98148-2055

Burien, WA 98148-2055 FAX COMPLETED APP TO (206) 835-7922

## APPLICANT PRIORITY

If submitting more than one application for this course, indicate the priority of the applicant: 1 2 3 4 5 NOTE: Space availability is limited.													
1. REGISTRATION DATE / /				Acad	lame	: Academy Location:							
Session Number:	CMRA 1418 -			COA 1000 -			JSA 1035 -			5	SSA 1730 -		
Located on our website: www.cjtc.state.wa.us	JCOA 1049 -			JRCA 1048 -			MPCCA 1052-			١	WRA 1060 -		
Location of Academy:	Session D					Note: If prior injury, COA, JCOA, and JRCA students must complete new Fitness Form.							
2. STUDENT INFORMATION				Applicant's Social Security #:									
Applicant's Name:				☐ Male ☐ Female				Job	Job Title: Hire Date in Current Position				
Last, First MI  Home Phone: ( ) -	Alternate F	<u>E</u>	Emergency Contac			ct Name	t Name: Emergency Phone: ( ) -						
Applicant's Home Address:													
Street or PO Box City, St Zi													
3. EMPLOYER INFORMATION Name:								Phone: ( ) -					
Student's Work Address:				Studer				ent's Email Address:					
Street or PO Box City, St Zip													
Supervisor's Name: Supervisor			's P	Phone:			Supervisor's Email:						
4 MEALO AND LODGE	TE: I	If Applicant requires special accommodations, please make a request											
4. MEALS AND LODGING ELIGIBILITY on a separate sheet and attach to this application.  Lodging and meal service is provided to academy students who must travel in excess of 40 miles to the training site.										-			
			-										
Lodging and meal service is provided to academy students in excess of 40 miles from the training site.  Applicant's agency address in miles is				-,				s regarding the registration process should be the Corrections Division Registrar by Email to dtangedahl@citc.state.wa.us					
Please check one of the f													
Applicant will require provision of lodging and mea					PLEASE FILL IN ALL SPACES APPLICATIONS MUST BE SIGNED								
Applicant <u>will not require</u> either meal service or lod <b>6. AUTHORIZATION</b>				For Commission Use Only:							<u> </u>		
Agency Administrator/Title							nd-by	С	omments	;			
Agency Administrator/Title				Accepted		Moved to							
Email:			PA	PAT Failure		Cancel date							
Training Manager/Title			Inj	Injury			Removed						
				Re-test Date:									
Email:				☐ Passed ☐			Failed						
Authorizing Signature/Date:				Once Applicant selection is determined, notification is sent out via Email approximately 5 weeks before academy start date. Student packets are downloadable from our website: <a href="https://www.cjtc.state.wa.us">www.cjtc.state.wa.us</a> .									